



PARLIAMENT
Menthol Lights

TELL US ABOUT
YOURSELF.
RETURN THIS TO
BE ELIGIBLE FOR A
FUTURE OFFERS FROM
PARLIAMENT.

Mail to:
Smoker Survey
P.O. Box 0000
Permit #23
London, KY 40742 9951

Mr. _____
 Ms. _____
 Mrs. _____
Address _____ Apt. _____
City _____ State _____
Zip _____ Phone (____) _____

1. What is your regular brand of cigarettes—that is, the brand you smoke most often?
_____ (Brand)

2. Is your regular brand...? (Check one)
 Regular/ King size 100's 120's

3. Is your regular brand...?
 Menthol Non-menthol

4. What, if any, was your previous brand?
_____ (Brand)

By responding to this survey and signing below, I certify that
I am a cigarette smoker 21 years of age or older. I am also
willing to receive cigarette coupons and branded incentive
kenns in the mail, subject to applicable state and federal law.

Signature required

Birth date (month) ____ / (day) ____ / (year) ____ Today's date

b90hb 11608

TBD
pending
N. Zimbalist